

**ANNUAL AFFIDAVIT
OF SURPLUS LINES LICENSEE
TO THE
WEST VIRGINIA
INSURANCE COMMISSIONER**

STATE OF _____, COUNTY OF _____

Pursuant to the provisions of §33-12C-11 (b) (8) of the West Virginia Code, I, _____, a Surplus Lines Licensee duly licensed by the State of West Virginia, hereby make oath and state to the Insurance Commissioner of West Virginia, that the attached Annual Report of Surplus Lines Policies is inclusive of every surplus lines policy procured by me during the preceding calendar year and that for each policy listed on the attached Annual Report of Written Surplus Lines Policies a diligent effort has been made to procure the amount of insurance necessary to protect against loss of or damage to property or person from insurers licensed to transact and actually writing this type of insurance business in West Virginia, and that the placing of this insurance has not been for the purpose of securing advantages as to premium rate or terms of the insurance contract. I make oath and state that I will maintain as a part of the full and true record of each procured surplus lines policy the reasons why I was unable to place the risk with a licensed insurer or in the case of a policy forwarded from an individual insurance producer, the form prescribed by the Insurance Commissioner, executed and forwarded to me from the individual insurance producer declaring that a diligent search was made to procure the desired coverage from admitted insurers by that individual insurance producer.

Having failed to procure the required insurance with insurers licensed to transact business in West Virginia, I make oath that the following statements were printed or stamped in contrasting color on the face of each policy or other evidence of insurance:

“THIS COMPANY IS NOT LICENSED TO DO BUSINESS IN WEST VIRGINIA, AND IS NOT SUBJECT TO THE WEST VIRGINIA INSURANCE GUARANTY ACT.”

Witness my signature this _____ day of _____, _____.

Affiant: _____

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public: _____

My Commission Expires: _____